SHOOK, HARDY & BACON ADDICTION DATA BASE

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CONFIDENTIAL
ATTY. WORK PRODUCT

REC 002381
AU Dille,RJ; Domino,EF; Frommer,PL; Glick,G; Gori,GB; Jaffe,JH; Jarvik,ME; Menkes,H; Stewart,R; Ajmonemarsan,C; Eberhart,JH; Falk,HL; Kupfer,C; Levy,RI; McMillan,GC; Tower,DB; Upton,AC; Lenfant,CJM; Richmond,JB; Frederickson,DS
TTL Evidence Of Performance Effects After Smoking Withdrawal
CT Natl Inst Health Publ 24 0(0)
DT 1978
SUM Since nicotine seems to be the chemical reinforcer of the smoking habit, consideration has been given to the development of pharmacologic interventions that could produce smoking withdrawal. Current results indicate that nicotine administered orally is not significantly effective.
SUBJ K1ABA, CESSATION, METHODS, PHARMACOLOGICAL, NICOTINE REPLACEMENT
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002753
AU Herskovic,JE; Rose,JE; Jarvik,ME
TTL Cigarette Desirability and Nicotine Preference in Smokers
CT Pharmacol Biochem Behav 24: 171-175
DT 1986
SUM
SUBJ
CD NOVEMBER 1, 1987 SHB

REC 000293
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM . . . Yet, developing reliable laboratory evidence for the reinforcing effects of nicotine on smoking behavior has been a surprisingly difficult process. There are a few reports that laboratory animals will self-administer nicotine, or at least seem pleased to get it. However, these studies have been difficult to reproduce. Since there is a widespread belief that animal self-administration models would be of value in smoking research, we must infer that animals will self-administer nicotine only under very special conditions. . . . (pp. 1666-1667)
SUBJ C1C, TOBACCO COMPARISON, REINFORCEMENT
CD MARCH 1, 1987 SHB

2024988009

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000317
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM . . . Thus, although it is likely that most heavy users are physiologically dependent on nicotine to some degree, this condition in and of itself rarely causes a disability as marked as that associated with dependence on or withdrawal of alcohol or opiates. (p. 1672)
SUBJ C1E, TOBACCO COMPARISON, WITHDRAWAL
CD MARCH 1, 1987 SHB

REC 000325
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM . . . Tobacco is one of the few substances containing psychoactive compounds which in very short order induce so marked a tolerance that, in the majority of situations, the substance itself produces no obvious distress, behavioral impairment, or change in mood. (p. 1671); . . . Thus, although it is likely that most heavy users are physiologically dependent on nicotine to some degree, this condition in and of itself rarely causes a disability as marked as that associated with dependence on or withdrawal of alcohol or opiates. (p. 1672)
SUBJ C1F, TOBACCO COMPARISON, IMPAIRMENT
CD MARCH 1, 1987 SHB

REC 000334
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM Hunt et al. (30) compared the relapse rates for smokers who completed treatment with relapse rates reported for treated heroin users and alcoholics. The curves are remarkably similar. . . . but inferences concerning similar mechanisms need to be qualified. . . . (p. 1674)
SUBJ C1G, TOBACCO COMPARISON, CESSATION
CD MARCH 1, 1987 SHB

2024988010

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000346
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM . . . Yet, developing reliable laboratory evidence for the reinforcing effects of nicotine on smoking behavior has been a surprisingly difficult process. There are a few reports that laboratory animals will self-administer nicotine, or at least seem pleased to get it. However, these studies have been difficult to reproduce. Since there is a widespread belief that animal self-administration models would be of value in smoking research, we must infer that animals will self-administer nicotine only under very special conditions. . . . (pp. 1666-1667)
SUBJ D1A, SELF-ADMINISTRATION, NICOTINE - ANIMALS
CD MARCH 1, 1987 SHB

REC 000379
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM Some smokers respond that one factor is predominant, but most have multiple reasons for smoking. . . . (p. 1666)
SUBJ E1B, MOTIVATIONS, MAINTENANCE
CD MARCH 1, 1987 SHB

REC 000417
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM At our present level of understanding, effects on neurotransmitters do not provide significant insights into the ways in which nicotine reinforces smoking behavior or produces effects found useful or pleasurable by the smokers. . . . (p. 1668)
SUBJ G1A, PSYCHOLOGICAL EFFECTS, NICOTINE
CD MARCH 1, 1987 SHB

2024988011

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000445
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM A variety of psychological, behavioral, and physiological disturbances have been reported to follow the discontinuation of smoking. But, it is not always clear that all of these disturbances are properly viewed as nicotine withdrawal phenomena. . . . It is not yet clear how much the irritability seen during smoking withdrawal is a consequence of interrupting a strongly reinforced behavior, and how much is attributable to withdrawal of an active pharmacological substance. (pp. 1669-1670); It is not clear whether (a) all of these observed changes are related to the withdrawal of a particular substance (e.g., nicotine) in cigarettes, and/or to the act of smoking; (b) the pulse, EEG, and EMG changes that occur during smoking deprivation are related in a quantitative way to the withdrawal symptoms smokers experience; and (c) all of the phenomena seen during the first few days of abstinence from cigarettes represent a transient abnormality (a withdrawal phenomena) or a return to some base-line nonsmoking level for the individual subject. (p. 1670); In general, it has been difficult to develop satisfactory animal models of nicotine physical dependence. . . . (p. 1671); . . . we do not know how much smoking is required to induce dependence . . . (p. 1673)
SUBJ I1A, WITHDRAWAL, NICOTINE
CD MARCH 1, 1987 SHB

REC 000726
AU Jaffe,JH; Jarvik,ME
TTL Tobacco use and tobacco use disorder
CT In: Psychopharmacology: A Generation of Progress. Lipton, M. A.; DiMascio, A. and Killam, K. F. (eds.). New York: Raven Press
DT 1978
SUM Over the past 15 years, more than 30 million people in the United States have stopped smoking without any formal help, . . . (p. 1673)
SUBJ K1AA, CESSATION, METHODS, NON-FORMAL
CD MARCH 1, 1987 SHB

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001022
AU Jarvik
TTL Can Drug Treatment Help Smokers?
CT Third World Conference on Smoking & Health
DT 1978
SUM Everyone knows that it is easy to stop smoking but also easy to start again. A common criterion of a cure from smoking is one year's abstinence. Even this isn't foolproof, but when an individual has abstained for one year the chance that he will start again is relatively low. (p. 503)
SUBJ K1EA, CESSATION, EASE/DIFFICULTY, NICOTINE
CD JANUARY 2, 1987 AP
UDT MAY 1, 1987 SHB

REC 001023
AU Jarvik
TTL Can Drug Treatment Help Smokers?
CT Third World Conference on Smoking & Health
DT 1978
SUM Everyone knows that it is easy to stop smoking but also easy to start again. A common criterion of a cure from smoking is one year's abstinence. Even this isn't foolproof, but when an individual has abstained for one year the chance that he will start again is relatively low. (p. 503)
SUBJ K1DA, CESSATION, RELAPSE, NICOTINE
CD JANUARY 2, 1987 AP
UDT MAY 1, 1987 SHB

REC 001024
AU Jarvik
TTL Can Drug Treatment Help Smokers?
CT Third World Conference on Smoking & Health
DT 1978
SUM Mecamylamine, which is a nicotine-blocking agent that gets into the brain, produces an increase in smoking in human subjects. Presumably, subjects are attempting to overcome the blockade of nicotine, but other explanations are also possible. (p. 503)
SUBJ K1ABB, CESSATION, METHODS, PHARMACOLOGICAL, NICOTINE ANTAGONISM
CD JANUARY 2, 1987 AP
UDT MAY 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001025
AU Jarvik
TTL Can Drug Treatment Help Smokers?
CT Third World Conference on Smoking & Health
DT 1978
SUM The use of drugs to stop smoking has generally been either inconclusive or unsuccessful. The most promising leads come from the use of drugs to mimic and block the actions of nicotine in cigarettes. Nicotine-blocking agents might be useful if drugs with fewer side effects could be developed. Although psychological measures to discourage smoking seem to be the most successful, the development of drugs to curb the desire to smoke deserves a great deal of further effort. (p. 503)
SUBJ K1AB, CESSATION, METHODS, PHARMACOLOGICAL
CD JANUARY 2, 1987 AP
UDT MAY 1, 1987 SHB

REC 002384
AU Jarvik,ME
TTL Further Observations On Nicotine As The Reinforcing Agent In Smoking
CT Smoking Behavioral Motives Incentives 33
DT
SUM Although there is much circumstantial evidence supporting the role of nicotine as the chemical underlying the smoking habit, there is no conclusive evidence as yet which proves that it is the sole or a contributing agent that reinforces smoking.
SUBJ B1C, TOBACCO/NICOTINE, UNKNOWN
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001383
AU Jarvik,ME; Glick,SD; Nakamura,RK
TTL Inhibition of Cigarette Smoking by Orally Administered Nicotine
CT Clin Pharmacol Ther 11(4): 574
DT 1970
SUM Administration of nicotine tartrate by mouth decreased the number of cigarettes smoked by approximately 8 per cent. Since no blood samples were taken we have no measure of the nicotine level in the blood. The results are strikingly similar to those of Lucchesi and associates who found that the decrease in number of cigarettes smoked, though significant, was quite small even when the nicotine levels in the blood were remarkably raised. Both experiments point to the important role played by secondary conditioning and "functional autonomy in the maintenance of a long-standing habit such as cigarette smoking.
SUBJ E1D, MOTIVATIONS, NONPHARM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

2024988014

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001518
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM An extremely influential and authoritative definition of addiction is that adopted by the Committee on Drug Addiction of the National Research Council (1960) and subsequently by the World Health Organization (1964), which stated that "addiction is a state of periodic or chronic intoxication, detrimental to the individual and society produced by the repeated administration of a drug; its characteristics are a compulsion to take the drug and to increase the dose, with the development of psychic and sometimes physical dependence on the effects of the drug, so that the development of compulsion to continue the administration of the drug becomes an important motive in the addict's existence" (Goodman and Gilman, 1965, 134). Subsequent difficulties with this definition caused the World Health Organization to recommend that the term "addiction" be dropped. It is unlikely that this recommendation will be followed, even though attempts are being made here and there. Jaffe (1965, 258) suggests that drug addiction be defined as "a behavioral pattern of compulsive drug users, characterized by overwhelming involvement with the use of the drug, the securing of its supply, and a high tendency to relapse after withdrawal." The trouble with this definition is that it is difficult to quantify the terms "compulsive" or "overwhelming". I would modify and simplify this definition to: "drug addiction is a behavioral pattern characterized by a tendency to obtain and introduce into the body quantities of a drug to achieve pleasurable effects." It is apparent that the last phrase makes this statement more of a theory than a definition. Like Jaffe, I do not feel that drug addiction requires either physical dependence or tolerance, though in some cases these may occur.; The term "addiction" has come to have some derogatory connotations, but the air of moral condemnation surrounding it is not nearly as bad as that which surrounds the newer term, "drug abuse." The latter is a moralistic term describing drug usage that "deviates from the approved medical or social patterns within a given culture" (Jaffe, 1965). If abuse depends on social approval, it would be necessary to ask whether approval is indicated by the statistical average of the ratings of the number of the community or by laws passed by their representatives and implemented by various agencies. The use of contraceptive pills may well be considered drug abuse by some.
SUBJ A1A, TERMS, ADDICTION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

2024988015

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001519
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM The term "addiction" has come to have some derogatory connotations, but the air of moral condemnation surrounding it is not nearly as bad as that which surrounds the newer term, "drug abuse." The latter is a moralistic term describing drug usage that "deviates from the approved medical or social patterns within a given culture" (Jaffe, 1965). If abuse depends on social approval, it would be necessary to ask whether approval is indicated by the statistical average of the ratings of the number of the community or by laws passed by their representatives and implemented by various agencies. The use of contraceptive pills may well be considered drug abuse by some.
SUBJ A1C, TERMS, DRUG ABUSE
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001520
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM Domino (1967) who has examined numerous effects of nicotine on the central and peripheral nervous system concluded that "many of the neuropharmacological and behavioral studies of nicotine, although of academic interest, are clearly unrelated to tobacco smoking."
SUBJ B1C, TOBACCO/NICOTINE, UNKNOWN
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001521
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM To be sure, many smokers stop without any complaints except craving, and there seems to be considerable individual variability in this respect. It is clear that the "cold turkey" type of collapse following opiate withdrawal does not occur with nicotine withdrawal.
SUBJ C1E, TOBACCO COMPARISON, WITHDRAWAL
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

2024988016

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001522
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM Domino (1967) who has examined numerous effects of nicotine on the central and peripheral nervous system concluded that "many of the neuropharmacological and behavioral studies of nicotine, although of academic interest, are clearly unrelated to tobacco smoking."
SUBJ F1A, PHYSIOLOGICAL EFFECTS, NICOTINE
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001523
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM Domino (1967) who has examined numerous effects of nicotine on the central and peripheral nervous system concluded that "many of the neuropharmacological and behavioral studies of nicotine, although of academic interest, are clearly unrelated to tobacco smoking."
SUBJ G1A, PSYCHOLOGICAL EFFECTS, NICOTINE
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 001524
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM Domino (1967) who has examined numerous effects of nicotine on the central and peripheral nervous system concluded that "many of the neuropharmacological and behavioral studies of nicotine, although of academic interest, are clearly unrelated to tobacco smoking."
SUBJ V1, RESEARCH CRITICISM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

2024988017

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001525
AU Jarvik,ME
TTL The Role of Nicotine in the Smoking Habit
CT Learn Mech Smok 0(0): 155
DT 1970
SUM An extremely influential and authoritative definition of addiction is that adopted by the Committee on Drug Addiction of the National Research Council (1960) and subsequently by the World Health Organization (1964), which stated that "addiction is a state of periodic or chronic intoxication, detrimental to the individual and society produced by the repeated administration of a drug; its characteristics are a compulsion to take the drug and to increase the dose, with the development of psychic and sometimes physical dependence on the effects of the drug, so that the development of compulsion to continue the administration of the drug becomes an important motive in the addict's existence" (Goodman and Gilman, 1965, 134). Subsequent difficulties with this definition caused the World Health Organization to recommend that the term "addiction" be dropped. It is unlikely that this recommendation will be followed, even though attempts are being made here and there. Jaffe (1965, 258) suggests that drug addiction be defined as "a behavioral pattern of compulsive drug users, characterized by overwhelming involvement with the use of the drug, the securing of its supply, and a high tendency to relapse after withdrawal." The trouble with this definition is that it is difficult to quantify the terms "compulsive" or "overwhelming". I would modify and simplify this definition to: "drug addiction is a behavioral pattern characterized by a tendency to obtain and introduce into the body quantities of a drug to achieve pleasurable effects." It is apparent that the last phrase makes this statement more of a theory than a definition. Like Jaffe, I do not feel that drug addiction requires either physical dependence or tolerance, though in some cases these may occur.
SUBJ W1A, NON-CRITICAL DATA, ADDICTION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002201
AU Jarvik,ME; Steinberg,H; Dembovitz,A
TTL The Second World Conference on Smoking and Health (Part X Reports of Working Groups (Psycho-pharmacological Aspects of Habituation))
CT Proc World Conf Smok Health 0(2): 221-224
DT 1971
SUM Studies of the onset of the tobacco smoking habit must be primarily psychological and sociological.
SUBJ E1A, MOTIVATIONS, INITIATION
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000262
AU Jarvik,ME
TTL Introduction
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 1-12 [part of Jaffe expert report article #35]
DT December, 1977
SUM . . . One would guess that people are not too keen to take injections of nicotine, although there are really relatively few studies which have investigated this route of administration. The fact that nicotine injections do not seem to be pleasurable, but that nicotine given in forms other than tobacco is not particularly desirable, poses a serious problem for the nicotine hypothesis. I have therefore tentatively proposed that perhaps nicotine is optimally reinforcing when it is combined with some other constituents of tobacco. . . . (pp. 2-3)
SUBJ B1AA, TOBACCO/NICOTINE, AS ADDICTION, ANOMALIES
CD MARCH 1, 1987 SHB

REC 000292
AU Jarvik,ME
TTL Biological Factors Underlying the Smoking Habit
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 122-148 [part of Jaffe expert report article #35]
DT December, 1977
SUM . . . Yet, despite the fact that hundreds of millions of people have chewed, sniffed and inhaled tobacco products for the past 500 years, remarkably little is known about the true reasons why people pursue the substance with such fervor. We know a great deal more about the reinforcing properties of other substances which are used and abused in society than we do about tobacco. For example, opium, coca and wine have been studied extensively and we have a pretty good idea of why people take them. Users are seeking optimal levels of a single chemical substance in each of these vegetable products, namely: morphine, cocaine and ethanol. . . . Most important of all, animal models have been devised to demonstrate that these chemicals are self-administered when animals have the option of taking them intravenously. . . . By contrast, the picture is not so clear for tobacco. It has not been possible to develop reliable animal models of self- administration of tobacco products, and this limits our psychobiological investigations. We don't even know for sure what the principal reinforcing ingredient in tobacco is, though many of us have expressed strong faith that it is nicotine. . . . (p. 122)
SUBJ C1C, TOBACCO COMPARISON, REINFORCEMENT
CD MARCH 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000316
AU Jarvik,ME
TTL Biological Factors Underlying the Smoking Habit
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 122-148 [part of Jaffe expert report article #35]
DT December, 1977
SUM . . . Also, there is considerable controversy over whether a physical abstinence syndrome actually occurs, and if so, how strong it is. Our own studies indicate that with abrupt cessation of smoking there are indeed both subjective and objective changes. These appear to be mild in nature and almost never do subjects complain of being sick as they do on sedative or narcotic withdrawal. (p. 139)
SUBJ C1E, TOBACCO COMPARISON, WITHDRAWAL
CD MARCH 1, 1987 SHB

REC 000361
AU Jarvik,ME
TTL Biological Factors Underlying the Smoking Habit
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 122-148 [part of Jaffe expert report article #35]
DT December, 1977
SUM . . . An annual [sic; animal] model of nicotine dependence would be very useful. Unfortunately, animals will not self-inject nicotine or do so only indifferently whereas they will self-inject cocaine and amphetamine very readily. . . . (p. 147)
SUBJ D1B, SELF-ADMINISTRATION, OTHER DRUGS - ANIMALS
CD MARCH 1, 1987 SHB

REC 000376
AU Jarvik,ME
TTL Introduction
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 1-12 [part of Jaffe expert report article #35]
DT December, 1977
SUM . . . There are many studies that support the view that nicotine is necessary for smoking. However, there is considerable controversy over whether a pharmacological agent is sufficient to maintain the smoking habit. . . . (p. 2)
SUBJ E1B, MOTIVATIONS, MAINTENANCE
CD MARCH 1, 1987 SHB

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REC 000377
AU Jarvik,ME
TTL Biological Factors Underlying the Smoking Habit
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 122-148 [part of Jaffe expert report article #35]
DT December, 1977
SUM Much of the evidence for the role of nicotine as the primary reinforcer in cigarette smoke is circumstantial. . . . (p. 131); . . . The fact that lettuce cigarettes reinforced with nicotine were not accepted more readily than non-nicotine cigarettes has been a cause for concern and seriously undermined our support of the pure nicotine hypothesis. The relative inability of intravenous nicotine to suppress smoking (Lucchesi et al. 1967; Kumar et al. 1977) is a similar source of consternation. (p. 141)
SUBJ E1B, MOTIVATIONS, MAINTENANCE
CD MARCH 1, 1987 SHB

REC 000385
AU Jarvik,ME
TTL Biological Factors Underlying the Smoking Habit
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 122-148 [part of Jaffe expert report article #35]
DT December, 1977
SUM . . . Nicotine alone will partially suppress smoking but what little evidence exists in this area is conflicting. . . . There were three studies in which nicotine was given either by ingestion or intravenously, and in all three it was incapable of completely suppressing smoking, though it usually had some suppressant effect. Indeed in the experiment by Kumar et al. (1977) there was no discernible effect of a rapid intravenous infusion of 1.17 mg of nicotine . . . These results are certainly disturbing to me and my colleagues who are proponents of the nicotine hypothesis of smoking. . . . (pp. 132-133); . . . Except for Johnston's somewhat anecdotal study (1942), there is no evidence that nicotine alone is pleasurable or sought either by smokers or non-smokers. . . . Nicotine alone does not seem capable of totally substituting for cigarette smoke in the smoking habit, and yet nicotine must play a vital role. . . . (pp. 141-142); . . . Dr. Jaffe . . . remarked that the negative results obtained with Russell's intravenous nicotine, as well as the negative results with nicotine enriched lettuce cigarettes, and the small or absent reinforcing effect seen with nicotine chewing gum all present a very important paradox which must be explained if we are to understand the role of nicotine in smoking. (pp. 147-148)
SUBJ E1BA, MOTIVATIONS, MAINTENANCE, TITRATION
CD MARCH 1, 1987 SHB

2024988021

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000707
AU Jarvik,ME
TTL Biological Factors Underlying the Smoking Habit
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 122-148 [part of Jaffe expert report article #35]
DT December, 1977
SUM One of the more spectacular manifestations of drug dependence upon heroin or alcohol is the abstinence syndrome. Whenever either of these drugs is stopped there is a fairly rapid appearance of unpleasant signs and symptoms which become sufficiently severe in a matter of days to make the individual seek out these drugs to relieve these illnesses. . . . (p. 137)
SUBJ I1B, WITHDRAWAL, OTHER DRUGS
CD MARCH 1, 1987 SHB

REC 000711
AU Jarvik,ME
TTL Biological Factors Underlying the Smoking Habit
CT In: Research on Smoking Behavior. M. E. Jarvik, J. W. Cullen, E. R. Gritz, T. M. Vogt, L. J. West (eds.). N.I.D.A. Research Monograph Series 17. National Institute on Drug Abuse, Rockville, Maryland, pp. 122-148 [part of Jaffe expert report article #35]
DT December, 1977
SUM Although there appears to be evidence of some tolerance to some effects of smoking it is not at all clear how much occurs to what effects. . . . (p. 139)
SUBJ J1A, TOLERANCE, NICOTINE
CD MARCH 1, 1987 SHB

REC 002200
AU Jarvik,ME
TTL Smoking Behaviour (Physiological and Psychological Influences (Conference Overview))
CT Smok Behav 0(0): 389-398
DT 1978
SUM It has been surprisingly difficult to demonstrate the apparently obvious fact that people smoke in order to obtain nicotine. Schachter showed, as did Finnegan, Larson and Haag, Russell et al, Jarvik, and others, that switching smokers to a low nicotine cigarette resulted in what appeared to be imperfect and sometimes no compensatory increase in number of cigarettes smoked. (p. 394); It is obvious that factors other than nicotine control smoking behaviour in all of the experiments in which titration has been attempted. (p. 395); Most investigators of the titration phenomenon, including us, agree with Russell and his colleagues that titration is imperfect and sometimes lacking altogether, and these findings pose difficulties for the nicotine reinforcement theory of cigarette smoking.
SUBJ E1BA, MOTIVATIONS, MAINTENANCE, TITRATION
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

2024988022

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000229
AU Jarvik,ME
TTL Tolerance to the Effects of Tobacco
CT In: Cigarette Smoking as a Dependence Process. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 23. National Institute on Drug Abuse, Rockville, Maryland, Chapter 12, pp. 150-157 [part of Jaffe expert report article #36]
DT January, 1979
SUM . . . there is not even uniform agreement on the meaning of 'addiction.' The definition I prefer is that of Jaffee (1975): . . . (p. 150)
SUBJ A1A, TERMS, ADDICTION
CD MARCH 1, 1987 SHB

REC 000710
AU Jarvik,ME
TTL Tolerance to the Effects of Tobacco
CT In: Cigarette Smoking as a Dependence Process. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 23. National Institute on Drug Abuse, Rockville, Maryland, Chapter 12, pp. 150-157 [part of Jaffe expert report article #36]
DT January, 1979
SUM . . . I can think of no example of a drug to which dependence occurs which does not also involve tolerance. On the other hand, tolerance may occur without dependence, for example, to phenothiazines, or to antihistamines. (p. 150)
SUBJ J1, TOLERANCE
CD MARCH 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000208
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking, N. Krasnegor (ed.), National Institute on Drug Abuse Research Monograph Series No. 26, pp. 7-45
DT August, 1979
SUM Glauser and colleagues (37,38) studied seven subjects before and 1 month after cessation of smoking. The following measures were found to have changed significantly: (1) body weight increased from a mean of 188 to 195 pounds, (2) body surface area increased from 2.03 to 2.05 m, (3) heart rate decreased from 60 to 57 beats per minute, (4) sugar levels (30 second after eating) fell from 137 to 123 mg percent, (5) protein-bound iodine decreased from 5.1 to 4.6 ug percent, (6) serum calcium decreased from 10.2 to 9.7 mg percent, and (7) oxygen consumption decreased from 283 to 260 ml of oxygen/min. . . . (p. 27); . . . It is characteristic of withdrawal syndromes that their severity is dose-dependent (60). Therefore, it is expected that heavy smokers would report more severe withdrawal symptoms than light smokers. (p. 30); The inconsistency of the effect of deprivation is reflected in the literature. Studies by Myrsten, et al. (92) and Mausner (83) report no differences in this regard between light and heavy smokers. . . . (p. 30)
SUBJ I1AA, WITHDRAWAL, NICOTINE, STATISTICS
CD MARCH 1, 1987 SHB

REC 000259
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 26. National Institute on Drug Abuse, Rockville, Maryland, pp. 6-45 [part of Jaffe expert report article #37]
DT August, 1979
SUM . . . in the experiment by Kumar, et al. (75) . . . The results are disturbing to proponents of the nicotine hypothesis of smoking. . . . (p. 17); It is characteristic of withdrawal syndromes that their severity is dose-dependent (60). Therefore, it is expected that heavy smokers would report more severe withdrawal symptoms than light smokers. The inconsistency of the effect of deprivation is reflected in the literature. Studies by Myrsten, et al. (92) and Mausner (83) report no differences in this regard between light and heavy smokers. . . . (p. 30)
SUBJ B1AA, TOBACCO/NICOTINE, AS ADDICTION, ANOMALIES
CD MARCH 1, 1987 SHB

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000375
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 26. National Institute on Drug Abuse, Rockville, Maryland, pp. 6-45 [part of Jaffe expert report article #37]
DT August, 1979
SUM Much of the evidence for the role of nicotine as the primary reinforcer in cigarette smoke is circumstantial. . . (p. 13)
SUBJ E1B, MOTIVATIONS, MAINTENANCE
CD MARCH 1, 1987 SHB

REC 000410
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 26. National Institute on Drug Abuse, Rockville, Maryland, pp. 6-45 [part of Jaffe expert report article #37]
DT August, 1979
SUM . . . Increases in heart rate (10 to 25 beats per minute), blood pressure (10 to 20 mm Hg systolic, 5 to 15 mm Hg diastolic) and cardiac output (0.5 1/min/m2) typically occur in both nonsmokers and smokers after smoking one or two cigarettes. In addition, digital blood flow and finger and toe temperature fall. (pp. 17-18)
SUBJ F1A, PHYSIOLOGICAL EFFECTS, NICOTINE
CD MARCH 1, 1987 SHB

REC 000442
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 26. National Institute on Drug Abuse, Rockville, Maryland, pp. 6-45 [part of Jaffe expert report article #37]
DT August, 1979
SUM Cessation of smoking is associated with alterations in CNS, cardiovascular, and other physiological functions. Whether these are true 'withdrawal' phenomena characterized by a rebound or merely a return to normal levels still remains to be determined. . . . (p. 25); It is characteristic of withdrawal syndromes that their severity is dose-dependent (60). Therefore, it is expected that heavy smokers would report more severe withdrawal symptoms than light smokers. The inconsistency of the effect of deprivation is reflected in the literature. Studies by Myrsten, et al. (92) and Mausner (83) report no differences in this regard between light and heavy smokers. . . . (p. 30)
SUBJ I1A, WITHDRAWAL, NICOTINE
CD MARCH 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000551
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking, In: The Behavioral Aspects of Smoking, N. Krasnegor (ed.)
CT Natl Inst Drug Abuse Res Monogr Ser No. 26, pp. 7-45
DT August, 1979
SUM . . . in the experiment by Kumar, et al. (75). . . (p. 17); The results are disturbing to proponents of the nicotine hypothesis of smoking. . . . (p. 17); . . . It is characteristic of withdrawal syndromes that their severity is dose-dependent (60). Therefore, it is expected that heavy smokers would report more severe withdrawal symptoms than light smokers. (p. 30); The inconsistency of the effect of deprivation is reflected in the literature. Studies by Myrsten, et al. (92) and Mausner (83) report no differences in this regard between light and heavy smokers. . . . (p. 30)
SUBJ B1AA, TOBACCO/NICOTINE, AS ADDICTION, ANOMALIES
CD MARCH 1, 1987 SHB

REC 000552
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking, In: The Behavioral Aspects of Smoking, N. Krasnegor (ed.)
CT Natl Inst Drug Abuse Res Monogr Ser No. 26, pp. 7-45
DT August, 1979
SUM Much of the evidence for the role of nicotine as the primary reinforcer in cigarette smoke is circumstantial. . . . (p. 13)
SUBJ E1B, MOTIVATIONS, MAINTENANCE
CD MARCH 1, 1987 SHB

REC 000553
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking, In: The Behavioral Aspects of Smoking, N. Krasnegor (ed.)
CT Natl Inst Drug Abuse Res Monogr Ser No. 26, pp. 7-45
DT August, 1979
SUM . . . Zeidenberg, et al. (154) found among men a higher and significant correlation between serum cotinine levels before treatment and self-reported 'degree of difficulty' in smoking cessation. . . . (p. 30)
SUBJ K1EA, CESSATION, EASE/DIFFICULTY, NICOTINE
CD MARCH 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000554
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking, In: The Behavioral Aspects of Smoking, N. Krasnegor (ed.)
CT Natl Inst Drug Abuse Res Monogr Ser No. 26, pp. 7-45
DT August, 1979
SUM . . . Zeidenberg, et al. (154) found among men a higher and significant correlation between serum cotinine levels before treatment and self-reported 'degree of difficulty' in smoking cessation. . . . (p. 30)
SUBJ L1A, QUANTIFICATION, DETERMINANTS
CD MARCH 1, 1987 SHB

REC 000627
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking, N. Krasnegor (ed.), National Institute on Drug Abuse Research Monograph Series No. 26, pp. 7-45
DT August, 1979
SUM . . . Increases in heart rate (10 to 25 beats per minute), blood pressure (10 to 20 mm Hg systolic, 5 to 15 mm Hg diastolic) and cardiac output (0.5 1/min/m2) typically occur in both nonsmokers and smokers after smoking one or two cigarettes. In addition, digital blood flow and finger and toe temperature fall. (pp. 17-18)
SUBJ F1A, PHYSIOLOGICAL EFFECTS, NICOTINE
CD MARCH 1, 1987 SHB

REC 000636
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking, N. Krasnegor (ed.), National Institute on Drug Abuse Research Monograph Series No. 26, pp. 7-45
DT August, 1979
SUM Cessation of smoking is associated with alterations in CNS, cardiovascular, and other physiological functions. Whether these are true 'withdrawal' phenomena characterized by a rebound or merely a return to normal levels still remains to be determined. . . . (p. 25); Early effects are not easily distinguishable from the absence of nicotine effects or the effects of simple frustration. . . . (p. 31)
SUBJ I1A, WITHDRAWAL, NICOTINE
CD MARCH 1, 1987 SHB

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000706
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 26. National Institute on Drug Abuse, Rockville, Maryland, pp. 6-45 [part of Jaffe expert report article #37]
DT August, 1979
SUM Glauser and colleagues (37, 38) studied seven subjects before and 1 month after cessation of smoking. The following measures were found to have changed significantly: (1) blood weight increased from a mean of 188 to 195 pounds, (2) body surface area increased from 2.03 to 2.05 m, (3) heart rate decreased from 60 to 57 beats per minute, (4) sugar levels (30 second after eating) fell from 137 to 123 mg percent, (5) protein-bound iodine decreased from 5.1 to 4.6 ug percent, (6) serum calcium decreased from 10.2 to 9.7 mg percent, and (7) oxygen consumption decreased from 283 to 260 ml of oxygen/min. . . . (p. 27); . . . Early effects are not easily distinguishable from the absence of nicotine effects or the effects of simple frustration. . . . (p. 31)
SUBJ I1AA, WITHDRAWAL, NICOTINE, STATISTICS
CD MARCH 1, 1987 SHB

REC 000770
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 26. National Institute on Drug Abuse, Rockville, Maryland, pp. 6-45 [part of Jaffe expert report article #37]
DT August, 1979
SUM . . . Zeidenberg, et al. (154) found among men a higher and significant correlation between serum cotinine levels before treatment and self-reported 'degree of difficulty' in smoking cessation. . . . (p. 30)
SUBJ K1EA, CESSATION, EASE/DIFFICULTY, NICOTINE
CD MARCH 1, 1987 SHB

REC 000812
AU Jarvik,ME
TTL Biological Influences on Cigarette Smoking
CT In: The Behavioral Aspects of Smoking. N. A. Krasnegor (ed.). N.I.D.A. Research Monograph Series 26. National Institute on Drug Abuse, Rockville, Maryland, pp. 6-45 [part of Jaffe expert report article #37]
DT August, 1979
SUM . . . Zeidenberg, et al. (154) found among men a higher and significant correlation between serum cotinine levels before treatment and self-reported 'degree of difficulty' in smoking cessation. . . . (p. 30)
SUBJ L1A, QUANTIFICATION, DETERMINANTS
CD MARCH 1, 1987 SHB

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000195
AU Jarvik,ME
TTL Nicotine as a Psychoactive Drug -- Panel Summary
CT Psychopharmacol Bull 22(3): 882-883
DT 1986
SUM . . . in some studies induction of both mental and physical distress has been shown to be relieved by nicotine administration. Reduction of aggression by nicotine may be a related phenomenon. . . . (p. 882); . . . The peculiar stimulant properties of nicotine have been used by millions of smokers to improve the quality of intellectual work. Evidence from a variety of laboratories indicates that performance in a variety of tasks of concentration, vigilance, and perception are indeed improved by appropriate doses of nicotine both in smokers and (more importantly) nonsmokers. . . . (p. 882); The reduction of anxiety and irritability may also contribute to enhanced performance and euphoria. . . . (p. 882); In summary, we would have to conclude that although the evidence linking smoking to disease is incontrovertible, nonetheless nicotine has some positive virtues which are worth pursuing for their own sake. . . . (p. 883)
SUBJ H1, BENEFITS
CD MARCH 1, 1987 SHB

REC 003091
AU Jarvik,ME
TTL Overview: Alternative Forms of Pharmacologic Treatment
CT The Pharmacologic Treatment of Tobacco Dependence: Proceedings of the World Congress, November 4-5, 1985 (Smoking Behavior and Policy Conference Series) pp. 154-157
DT 1986
SUM . . . experiments involving intravenous administration of nicotine do not duplicate the effects of cigarette smoking nor do they produce a similar satisfaction in smokers. Furthermore, they do not always produce a diminution in cigarette smoking. The stimulation produced by cigarette smoke on the respiratory tract appears to be a salient cue in smoking. Rose proposes that the mood-altering effects of nicotine are too subtle to be perceived by themselves and need pairing with a highly discriminable peripheral cue for identification. His studies, which indicate that tracheal sensation is a very important and perhaps essential component of reinforcement by cigarette smoking, should be taken into account by all investigators of smoking. Although cigarette craving decreased after smoking, surprisingly, anesthetizing the trachea with lidocaine blunted the decrease significantly. The fact that tracheal irritation from citric acid mimicked that produced by cigarette smoke and actually produced satisfaction again highlights the importance of peripheral sensations in cigarette smoking. (p. 156)
SUBJ E1D, MOTIVATIONS, NONPHARM
CD JANUARY 1, 1988 SHB

2024988029

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001252
AU Kozlowski,LT; Jarvik,ME; Gritz,ER
TTL Nicotine Regulation and Cigarette Smoking
CT Clin Pharmacol Ther 17(1): 93
DT 1975
SUM At least three studies that have demonstrated a nicotine regulation effect are unsatisfactory because of a contaminating covariate; tar levels increased directly with nicotine manipulations in Ashton and Watson, Herman, and Schachter's reports. At least two experiments that have controlled tar levels have failed to find nicotine regulation effects.
SUBJ E1BA, MOTIVATIONS, MAINTENANCE, TITRATION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002302
AU Rose,JE; Lafer,RL; Jarvik,ME
TTL A Smoke-mixing Device for Measuring Nicotine Preference
CT Behav Res Methods Instrum 14(6): 501-503
DT 1982
SUM First, even assuming that nicotine is the main ingredient smokers seek, titration may not be observed. Alterations in nicotine deliveries affect the taste and enjoyment of smoking. Low-nicotine cigarettes are usually disliked and discourage an individual from smoking as much as would be necessary to regulate nicotine intake. While attempting to compensate for a reduced nicotine yield by taking more puffs, the smoker may also have to ingest more aversive constituents in smoke. These factors tend to prevent complete titration. On the other hand, even when titration is observed, the interpretation is ambiguous.--- Titration is therefore not a rigorous test of the hypothesis that nicotine is positively reinforcing. (p. 501)
SUBJ E1BA, MOTIVATIONS, MAINTENANCE, TITRATION
CD APRIL 11, 1987 LSI
UDT JUNE 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001248
AU Rose,JE; Jarvik,ME; Ananda,S
TTL Nicotine Preference Increases After Cigarette Deprivation
CT Pharmacol Biochem Behav 20: 55
DT 1984
SUM Nicotine is the main pharmacologically active constituent in tobacco, and is hypothesized to be the principal reinforcing component maintaining cigarette smoking (2, 12, 21). Although this view is widely accepted, attempts to confirm that smoking is an instance of nicotine-seeking behavior have so far provided no definitive evidence (3, 13). The main research strategy has been to vary the nicotine delivery of cigarettes in order to observe compensatory changes in smoking behavior. These studies have typically demonstrated only slight compensation for substantial changes in nicotine delivery (9); however, findings concerning nicotine regulation do not bear directly on the question of whether nicotine is a positive reinforcer for smoking. Even perfect regulation of nicotine intake would be consistent with the hypothesis that nicotine is aversive, with smokers limiting their smoke intake so as not to exceed some level of nicotine. Conversely, the complete absence of regulation would be consistent with the theory that nicotine retains its reinforcing value over a wide range of doses. The results indicating partial regulation do not unambiguously support the belief that nicotine is positively reinforcing. Studies examining the influence of intravenous nicotine on cigarette smoking face similar interpretational problems (16, 17), although there are reports that nicotine injections may be considered pleasant under some conditions (8, 14, 15).
SUBJ B1C, TOBACCO/NICOTINE, UNKNOWN
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001249
AU Rose,JE; Jarvik,ME; Ananda,S
TTL Nicotine Preference Increases After Cigarette Deprivation
CT Pharmacol Biochem Behav 20: 55
DT 1984
SUM Nicotine is the main pharmacologically active constituent in tobacco, and is hypothesized to be the principal reinforcing component maintaining cigarette smoking (2, 12, 21). Although this view is widely accepted, attempts to confirm that smoking is an instance of nicotine-seeking behavior have so far provided no definitive evidence (3, 13). The main research strategy has been to vary the nicotine delivery of cigarettes in order to observe compensatory changes in smoking behavior. These studies have typically demonstrated only slight compensation for substantial changes in nicotine delivery (9); however, findings concerning nicotine regulation do not bear directly on the question of whether nicotine is a positive reinforcer for smoking. Even perfect regulation of nicotine intake would be consistent with the hypothesis that nicotine is aversive, with smokers limiting their smoke intake so as not to exceed some level of nicotine. Conversely, the complete absence of regulation would be consistent with the theory that nicotine retains its reinforcing value over a wide range of doses. The results indicating partial regulation do not unambiguously support the belief that nicotine is positively reinforcing. Studies examining the influence of intravenous nicotine on cigarette smoking face similar interpretational problems (16, 17), although there are reports that nicotine injections may be considered pleasant under some conditions (8, 14, 15).
SUBJ E1BA, MOTIVATIONS, MAINTENANCE, TITRATION
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001250
AU Rose,JE; Jarvik,ME; Ananda,S
TTL Nicotine Preference Increases After Cigarette Deprivation
CT Pharmacol Biochem Behav 20: 55
DT 1984
SUM Nicotine is the main pharmacologically active constituent in tobacco, and is hypothesized to be the principal reinforcing component maintaining cigarette smoking (2, 12, 21). Although this view is widely accepted, attempts to confirm that smoking is an instance of nicotine-seeking behavior have so far provided no definitive evidence (3, 13). The main research strategy has been to vary the nicotine delivery of cigarettes in order to observe compensatory changes in smoking behavior. These studies have typically demonstrated only slight compensation for substantial changes in nicotine delivery (9); however, findings concerning nicotine regulation do not bear directly on the question of whether nicotine is a positive reinforcer for smoking. Even perfect regulation of nicotine intake would be consistent with the hypothesis that nicotine is aversive, with smokers limiting their smoke intake so as not to exceed some level of nicotine. Conversely, the complete absence of regulation would be consistent with the theory that nicotine retains its reinforcing value over a wide range of doses. The results indicating partial regulation do not unambiguously support the belief that nicotine is positively reinforcing. Studies examining the influence of intravenous nicotine on cigarette smoking face similar interpretational problems (16, 17), although there are reports that nicotine injections may be considered pleasant under some conditions (8, 14, 15).
SUBJ E1C, MOTIVATIONS, REINFORCEMENT
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001251
AU Rose,JE; Jarvik,ME; Ananda,S
TTL Nicotine Preference Increases After Cigarette Deprivation
CT Pharmacol Biochem Behav 20: 55
DT 1984
SUM The nicotine preference of some subjects was more affected by cigarette deprivation than others. The magnitude of increase in nicotine preference with deprivation was found to be positively correlated (R=.61, P(0.01) with the subject's age. In contrast, subjects whose puffing behavior was most affected by the experimental manipulation tended to report smoking most in social situations (R=.63, P(0.01). The fact that puffing and nicotine preference were correlated with different subject characteristics suggests that these two factors may represent different types of reinforcement gained from smoking.; Puffs were rated as significantly less strong (T=2.26, P(0.04), and more desirable (T=2.38, P(0.03) following deprivation. Desirability ratings did not correlate with nicotine delivery. This suggests that factors other than nicotine affected the subjective enjoyment of smoking, or alternatively, that each subject's ratings varied nonlinearly with nicotine delivery.
SUBJ E1D, MOTIVATIONS, NONPHARM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001586
AU Rose,JE; Herskovic,JE; Trilling,Y; Jarvik,ME
TTL Transdermal Nicotine Reduces Cigarette Craving & Nicotine Preference
CT Clin Pharmacol Ther 38(0): 450
DT 1985
SUM Results of the principal components analysis supported the view that there are two independent components of smoking behavior -- preference for a certain nicotine concentration in smoke (nicotine) and a second factor (smoke) reflecting overall cumulative smoke ingestion. Transdermal nicotine reduced cigarette craving without affecting cumulative smoke intake. One explanation for this may be that the small increase in plasma nicotine levels produced by transdermal nicotine was sufficient to alleviate craving to some extent, but was still far below the amount required to induce complete satiation. Hence when allowed to smoke subjects took roughly the same amount of nicotine as in the placebo condition. An alternative possibility is that cumulative intake may have reflected a nonpharmacologic component of smoking satisfaction. Craving for the pharmacologic effects of nicotine may have been reduced by transdermal nicotine, but craving for the other stimuli associated with smoking (e.g., chemosensory stimulation of the respiratory tract) would not have been satisfied. The latter possibility is consistent with the poor regulation of nicotine levels usually observed in smoking titration studies and the finding that intravenous nicotine induces little if any suppression of smoking behavior relative to cigarette smoke itself. Further research should clarify the relationship between plasma nicotine levels and nicotine preference. Additionally, nicotine preference and smoke intake might be affected not only by plasma nicotine levels but also by the degree of acute tolerance to nicotine, which varies with cigarette deprivation. In our present study the significantly greater heart rate increase after the second smoke mixer period relative to the first suggests that some tolerance to nicotine was lost after 90 minutes of deprivation. Possibly, an increased sensitivity to nicotine's reinforcing effects could have led to the increased craving for a cigarette after 90 minutes. The loss of tolerance to nicotine also may have prevented an increase in nicotine intake during the second smoke mixer test (fig. 2). The hypothesis that nicotine tolerance affects preferred nicotine levels and cigarette craving should be evaluated in future studies to further our understanding of tobacco withdrawal and to illuminate its components.
SUBJ J1A, TOLERANCE, NICOTINE
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001587
AU Rose,JE; Herskovic,JE; Trilling,Y; Jarvik,ME
TTL Transdermal Nicotine Reduces Cigarette Craving & Nicotine Preference
CT Clin Pharmacol Ther 38(0): 450
DT 1985
SUM Transdermal nicotine prevented the increase in craving for cigarettes during a short deprivation period of 90 minutes. It also diminished the preference for nicotine during the initial puffs of the subsequent smoking period. Despite the influence of transdermal nicotine in this experiment, subjects generally were not able to discriminate nicotine from placebo. These findings suggest that like nicotine chewing gum, transdermal nicotine may be a useful smoking cessation aid. However, transdermal nicotine may offer several advantages over nicotine gum that could increase the efficacy of a smoking cessation program. First, transdermal nicotine does not produce the bad taste and gastrointestinal problems sometimes associated with nicotine gum. Further, the dental problems and sore jaw sometimes caused by nicotine gum would be avoided. A transdermal patch containing a large quantity of nicotine (e.g., 50 mg) that has a membrane-limited delivery rate should be capable of sustaining nicotine levels over extended periods of time (e.g., 24 hours). The reduction of adverse side effects and the possibility for sustained release should improve compliance with smoking cessation programs. With the exception of craving, no effects of 90 minutes of deprivation were observed on most indices of smoking withdrawal, e.g., physical and psychologic symptoms. Thus a longer abstinence period may be required to test the effectiveness of transdermal nicotine in alleviating these tobacco withdrawal complaints. Also, further studies measuring plasma nicotine levels will be necessary to assess the reliability and efficiency of nicotine absorbtion through the skin.
SUBJ K1ABA, CESSATION, METHODS, PHARMACOLOGICAL, NICOTINE REPLACEMENT
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 000704
AU Schneider,NG; Jarvik,ME; Forsythe,AB; Read,LL; Elliott,ML; Schweiger,A
TTL Nicotine Gum in Smoking Cessation: A Placebo-Controlled, Double-Blind Trial
CT Addict Behav 8(3): 253-261 [Jaffe expert report article #49]
DT 1983
SUM . . . In the present study, nicotine gum may have alleviated withdrawal sufficiently to allow the subject's own coping devices to extend the abstinence period. Unfortunately, ignorance of the withdrawal process and the contributions of psychological vs. pharmacological withdrawal reduce such suggestions to speculation. For example, irritability or tension can result from cessation of non-drug habits (gambling, nail-biting) or love loss; in cigarette cessation, to what degree is reported tension a function of habit loss vs. nicotine loss? . . . (p. 259)
SUBJ I1A, WITHDRAWAL, NICOTINE
CD MARCH 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 000703
AU Schneider,NG; Jarvik,ME; Forsythe,AB
TTL Nicotine vs. Placebo Gum in the Alleviation of Withdrawal During Smoking Cessation
CT Addict Behav 9: 149-156 [Jaffe expert report article #48]
DT 1984
SUM Withdrawal from smoking has been a difficult process to describe and quantify (Shiffman, 1979). Individual variability in reports of withdrawal accounts for some of the difficulty. Another problem lies in the assessment of symptoms. Symptoms reported during smoking cessation are also common responses to life stress and the cessation of non-drug habits. In addition, the confounding of psychosocial and pharmacological reinforcement systems in smoking has made it difficult to determine the 'cause' of withdrawal during abstinence. (pp. 154-155)
SUBJ I1A, WITHDRAWAL, NICOTINE
CD MARCH 1, 1987 SHB

REC 001245
AU Schneider,NG; Jarvik,ME
TTL Nicotine Gum vs Placebo Gum: Comparisons of Withdrawal Symptoms and Success Rates
CT Pharmacological Adjuncts in Smoking Cessation 1
DT 1985
SUM In several of the initial gum studies, titration was the focus of study (Brantmark et al. 1973; Russell et al. 1976B; Turner et al. 1977). In the first two studies, active gum reduced tobacco consumption compared to placebo controls. However, the efficacy of nicotine gum is best studied when total smoking abstinence is required. Several efforts to study total cessation with nicotine gum were marred by lack of chemical verification (e.g., Puska et al 1979), absence of long-term followup (e.g., Malcolm et al, 1980) or inadequate controls. Raw et al. (1980) found improved cessation rates with nicotine gum but compared those results to a "psychological" control tested 2 years earlier.
SUBJ E1H, MOTIVATIONS, NICOTINE GUM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001246
AU Schneider,NG; Jarvik,ME
TTL Nicotine Gum vs Placebo Gum: Comparisons of Withdrawal Symptoms and Success Rates
CT Pharmacological Adjuncts in Smoking Cessation 1
DT 1985
SUM In several of the initial gum studies, titration was the focus of study (Brantmark et al. 1973; Russell et al. 1976B; Turner et al. 1977). In the first two studies, active gum reduced tobacco consumption compared to placebo controls. However, the efficacy of nicotine gum is best studied when total smoking abstinence is required. Several efforts to study total cessation with nicotine gum were marred by lack of chemical verification (e.g., Puska et al 1979), absence of long-term followup (e.g., Malcolm et al, 1980) or inadequate controls. Raw et al. (1980) found improved cessation rates with nicotine gum but compared those results to a "psychological" control tested 2 years earlier.; In summary, initial use and prolonged use of nicotine gum may both figure prominently in outcome. We cannot conclude from the present work that the enhancement of success with clinical support is due to psychological factors alone. Use variables (dose, number of pieces, length of time on gum, instructions) must be defined through controlled evaluation. We suggest that appropriate dose and carefully instructed use are critical and that intervention should focus on long-term relapse prevention. Ultimately, a combination consisting of physicians advising patients to stop, treatment of pharmacological dependence, and long-term behavioral training and support could provide the most valuable smoking cessation intervention to date.; The data in figure 2 indicate that neither 2 mg nor placebo gum was effective in cessation when no support or guidance was offered.
SUBJ K1ABA, CESSATION, METHODS, PHARMACOLOGICAL, NICOTINE REPLACEMENT
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001247
AU Schneider,NG; Jarvik,ME
TTL Nicotine Gum vs Placebo Gum: Comparisons of Withdrawal Symptoms and Success Rates
CT Pharmacological Adjuncts in Smoking Cessation 1
DT 1985
SUM In several of the initial gum studies, titration was the focus of study (Brantmark et al. 1973; Russell et al. 1976B; Turner et al. 1977). In the first two studies, active gum reduced tobacco consumption compared to placebo controls. However, the efficacy of nicotine gum is best studied when total smoking abstinence is required. Several efforts to study total cessation with nicotine gum were marred by lack of chemical verification (e.g., Puska et al 1979), absence of long-term followup (e.g., Malcolm et al, 1980) or inadequate controls. Raw et al. (1980) found improved cessation rates with nicotine gum but compared those results to a "psychological" control tested 2 years earlier.
SUBJ K1AD, CESSATION, METHODS, CRITICISM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

REC 002978
AU Shiffman,S; Jarvik,ME
TTL Cigarette Smoking, Psychological Arousal, and Emotional Response: Nesbitt's Paradox Re-Examined
CT Addict Behav 9(1): 95-98
DT 1984
SUM While it has been demonstrated in the laboratory that stress increases smoking (Rose, Anada, & Jarvik, in press), the converse - that smoking reduces affect - has not been convincingly demonstrated. (p. 95)
SUBJ G1A, PSYCHOLOGICAL EFFECTS, NICOTINE
CD JANUARY 1, 1988 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001820
AU Shiffman,S; Read,L; Maltese,J; Rapkin,D; Jarvik,ME
TTL Preventing Relapse in Ex-Smokers: A Self-Management Approach
CT Relapse Prevention, pp. 472-520
DT 1985
SUM Since smoking is often used to mask needs, smokers are often out of touch with important needs. This hampers selection of appropriate alternatives. Clients need help in labeling their needs and in finding other ways of satisfying them. In the section on coping skills, we discussed a number of substitutes that may be effective in reducing craving. Early in treatment, many substitutes may be used in lieu of having a cigarette. Many of these substitutes cannot be used for long periods of time without harmful side effects, however. Eating sweets or taking tranquilizers may be appropriate as stopgap measures, but create problems in long-term use. Such substitutes also perpetuate the cycle of deprivation, craving, and dependence. Clients need appropriate skills for satisfying the needs flagged by craving without smoking. A more satisfying, need-fulfilling lifestyle also makes craving for cigarettes less likely. The assumption here is that other behaviors can satisfy these needs at least as effectively as smoking and can therefore displace smoking as a valued activity.
SUBJ E1D, MOTIVATIONS, NONPHARM
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001821
AU Shiffman,S; Read,L; Maltese,J; Rapkin,D; Jarvik,ME
TTL Preventing Relapse in Ex-Smokers: A Self-Management Approach
CT Relapse Prevention, pp. 472-520
DT 1985
SUM Unrealistic expectations of the quitting process lead to unrealistic planning. Clients for whom quitting is difficult may need to make changes in work or social schedules to arrange for resources to deal with the added stress.; While skills training is the most prominent active ingredient in smoking cessation treatment, reorientation of clients' attitudes toward the quitting process is also important. It is helpful to provide the client with general guidelines and information about the quitting process. These guidelines are important in orienting the client toward (1) realistic expectations of quitting smoking, (2) recognition of the difference between initial quitting and maintenance stages, (3) the use of self-observation in maintenance, and (4) the use of coping strategies and responses in maintenance. We have said that clients often have inaccurate expectations of quitting and withdrawal processes. Frequently, their criteria for satisfactory progress are so unrealistically high that they become discouraged almost before they begin. Clients who by objective standards are quite successful in dealing with cravings may become upset because they fall short of their high expectations. Many clients expect a successful quitting effort to be free of struggle and are disappointed when they encounter difficulties, "I should be able to handle this without difficulty," or "it shouldn't be this hard for me. I must be doing something wrong," or "I guess I'm just not as strong as I thought," are common sentiments that reflect demoralizing and self-defeating attitudes. The fact that cravings are felt, that some situations are stressful, or that cigarettes are missed is interpreted as failure. In effect, these clients experience some aspects of the ave even before they have violated abstinence.; Actually, withdrawal symptoms usually subside after the first couple of weeks. Though the intensity of cravings may remain constant, their frequency usually diminishes as abstinence proceeds.
SUBJ I1A, WITHDRAWAL, NICOTINE
CD APRIL 2, 1987 JD/WC
UDT MAY 1, 1987 SHB

Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003

REC 001822
AU Shiffman,S; Read,L; Maltese,J; Rapkin,D; Jarvik,ME
TTL Preventing Relapse in Ex-Smokers: A Self-Management Approach
CT Relapse Prevention, pp. 472-520
DT 1985
SUM Since smoking is often used to mask needs, smokers are often out of touch with important needs. This hampers selection of appropriate alternatives. Clients need help in labeling their needs and in finding other ways of satisfying them. In the section on coping skills, we discussed a number of substitutes that may be effective in reducing craving. Early in treatment, many substitutes may be used in lieu of having a cigarette. Many of these substitutes cannot be used for long periods of time without harmful side effects, however. Eating sweets or taking tranquilizers may be appropriate as stopgap measures, but create problems in long-term use. Such substitutes also perpetuate the cycle of deprivation, craving, and dependence. Clients need appropriate skills for satisfying the needs flagged by craving without smoking. A more satisfying, need-fulfilling lifestyle also makes craving for cigarettes less likely. The assumption here is that other behaviors can satisfy these needs at least as effectively as smoking and can therefore displace smoking as a valued activity.; Unrealistic expectations of the quitting process lead to unrealistic planning. Clients for whom quitting is difficult may need to make changes in work or social schedules to arrange for resources to deal with the added stress.; An important characteristic of the RP approach is its emphasis on self-management. This is a broad and ambitious conception of treatment. The RP approach does not promise or offer magical cures for smoking. It assumes that these are impossible because it sees the control of smoking as a problem of self-control. The RP model assumes that success in maintenance depends on the client, and aims to teach clients an approach to regulating their own behavior and their lifestyle. The client is not passively acted upon but is the active agent of treatment.; While skills training is the most prominent active ingredient in smoking cessation treatment, reorientation of clients' attitudes toward the quitting process is also important. It is helpful to provide the client with general guidelines and information about the quitting process. These guidelines are important in orienting the client toward (1) realistic expectations of quitting smoking, (2) recognition of the difference between initial quitting and maintenance stages, (3) the use of self-observation in maintenance, and (4) the use of coping strategies and responses in maintenance. We have said that clients often have inaccurate expectations of quitting and withdrawal processes. Frequently, their criteria for satisfactory progress are so unrealistically high that they become discouraged almost before they begin. Clients who by objective standards are quite successful in dealing with cravings may become upset because they fall short of their high expectations. Many clients expect a successful quitting effort to be free of struggle and are disappointed when they encounter difficulties, "I should be able to handle this without difficulty," or "it shouldn't be this hard for me. I must be doing something wrong," or "I guess I'm just not as strong as I thought," are common sentiments that reflect demoralizing and self-defeating attitudes. The fact that cravings

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Source: https://www.industrydocuments.ucsf.edu/docs/snvb0003